

LOBBYING REPORT

Lobbying Disclosure Act of 1995 (Section 5) - All Filers Are Required To Complete This Page

1. Registrant Name			
2. Address <input type="checkbox"/> Check if different than previously reported			
3. Principal Place of Business (if different from line 2)			
City:		State/Zip (or Country)	
4. Contact Name	Telephone	E-mail (optional)	5. Senate ID #
7. Client Name <input type="checkbox"/> Self			6. House ID #

TYPE OF REPORT 8. Year _____ Midyear (January 1-June 30) OR Year End (July 1-December 31)

9. Check if this filing amends a previously filed version of this report

10. Check if this is a Termination Report ⇒ Termination Date _____ 11. No Lobbying Activity

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13	
<p align="center">12. Lobbying Firms</p> <p>INCOME relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇒ \$ _____ Income (nearest \$20,000)</p> <p>Provide a good faith estimate, rounded to the nearest \$20,000, of all lobbying related income from the client (including all payments to the registrant by any other entity for lobbying activities on behalf of the client).</p>	<p align="center">13. Organizations</p> <p>EXPENSES relating to lobbying activities for this reporting period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇒ \$ _____ Expenses (nearest \$20,000)</p> <p>14. REPORTING METHOD. Check box to indicate expense accounting method. See instructions for description of options.</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definitions only</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(8) of the Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) of the Internal Revenue Code</p>

Signature _____

Printed Name and Title _____

Registrant Name _____ Client Name _____

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the registrant engaged in lobbying on behalf of the client during the reporting period. **Using a separate page for each code,** provide information as requested. Attach additional page(s) as needed.

15. General issue area code _____ (one per page)

16. Specific lobbying issues

17. House(s) of Congress and Federal agencies contacted Check if None

18. Name of each individual who acted as a lobbyist in this issue area

Name	Covered Official Position (if applicable)	New
.....	<input type="checkbox"/>
.....	<input type="checkbox"/>
.....	<input type="checkbox"/>
.....	<input type="checkbox"/>
.....	<input type="checkbox"/>
.....	<input type="checkbox"/>
.....	<input type="checkbox"/>
.....	<input type="checkbox"/>
.....	<input type="checkbox"/>

19. Interest of each foreign entity in the specific issues listed on line 16 above Check if None

Signature _____ Date _____

Printed Name and Title _____

GENERAL LOBBYING ISSUE AREAS: Select those from the following list that most closely match the client's lobbying issue areas. Enter the corresponding codes on line 15.

ACC	Accounting	HOU	Housing
ADV	Advertising	IMM	Immigration
AER	Aerospace	IND	Indian/Native American Affairs
AGR	Agriculture	INS	Insurance
ALC	Alcohol & Drug Abuse	LBR	Labor Issues/Antitrust/Workplace
ANI	Animals	LAW	Law Enforcement/Crime/Criminal Justice
APP	Apparel/Clothing Industry/Textiles	MAN	Manufacturing
ART	Arts/Entertainment	MAR	Marine/Maritime/Boating/Fisheries
AUT	Automotive Industry	MIA	Media (Information/Publishing)
AVI	Aviation/Aircraft/Airlines	MED	Medical/Disease Research/Clinical Labs
BAN	Banking	MMM	Medicare/Medicaid
BNK	Bankruptcy	MON	Minting/Money/Gold Standard
BEV	Beverage Industry	NAT	Natural Resources
BUD	Budget/Appropriations	PHA	Pharmacy
CHM	Chemicals/Chemical Industry	POS	Postal
CIV	Civil Rights/Civil Liberties	RRR	Railroads
CAW	Clean Air & Water (Quality)	RES	Real Estate/Land Use/Conservation
CDT	Commodities (Big Ticket)	REL	Religion
COM	Communications/Broadcasting/Radio/TV	RET	Retirement
CPI	Computer Industry	ROD	Roads/Highway
CSP	Consumer Issues/Safety/Protection	SCI	Science/Technology
CON	Constitution	SMB	Small Business
CPT	Copyright/Patent/Trademark	SPO	Sports/Athletics
DEF	Defense	TAX	Taxation/Internal Revenue Code
DOC	District of Columbia	TEC	Telecommunications
DIS	Disaster Planning/Emergencies	TOB	Tobacco
ECN	Economics/Economic Development	TOR	Torts
EDU	Education	TRD	Trade (Domestic & Foreign)
ENG	Energy/Nuclear	TRA	Transportation
ENV	Environmental/Superfund	TOU	Travel/Tourism
FAM	Family Issues/Abortion/Adoption	TRU	Trucking/Shipping
FIR	Firearms/Guns/Ammunition	URB	Urban Development/Municipalities
FIN	Financial Institutions/Investments/Securities	UNM	Unemployment
FOO	Food Industry (Safety, Labeling, etc.)	UTI	Utilities
FOR	Foreign Relations	VET	Veterans
FUE	Fuel/Gas/Oil	WAS	Waste (hazardous/solid/interstate/nuclear)
GAM	Gaming/Gambling/Casino	WEL	Welfare
GOV	Government Issues		
HCR	Health Issues		

Registrant Name _____ Client Name _____

Information Update Page - Complete ONLY where registration information has changed.

20. Client new address

21. Client new principal place of business (if different from line 20)

City

State/Zip (or Country)

22. New general description of client's business or activities

LOBBYIST UPDATE

23. Name of each previously reported individual who is **no longer** expected to act as a lobbyist for the client

ISSUE UPDATE

24. General lobbying issues previously reported that **no longer** pertain

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

Name	Address	Principal Place of Business (city and state or country)

26. Name of each previously reported organization that is **no longer** affiliated with the registrant or client

FOREIGN ENTITIES

27. Add the following foreign entities

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities	Ownership percentage in client

28. Name of each previously reported foreign entity that **no longer** owns, **or** controls, **or** is affiliated with the registrant, client or affiliated organization

Signature _____ Date _____

Printed Name and Title _____